

## Business License Application Work Sheet

(Please Print)

DATE: \_\_\_\_\_

\*\*CORPORATE I.D. # (If Entity) \_\_\_\_\_

\*\*OWNER NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

SALES & USE TAX # \_\_\_\_\_

\*\*ADDRESS: (Location of Business) \_\_\_\_\_

\_\_\_\_\_

\*\*MAILING ADDRESS: (If Different) \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

\*\*SOCIAL SECURITY # OR FEDERAL TAX # \_\_\_\_\_

\*\*WORKMEN'S COMPENSATION INSURANCE #  
OR "NOT AN EMPLOYER" \_\_\_\_\_

\*\*NUMBER OF EMPLOYEES \_\_\_\_\_

\*\*INVENTORY AMOUNT: (If Applying For Trader's License) \_\_\_\_\_

NUMBER OF STORES IN MARYLAND: \_\_\_\_\_

PREVIOUS OWNER'S NAME: \_\_\_\_\_

\*\*OPENING DATE OF BUSINESS: \_\_\_\_\_ IS BUSINESS HOME BASED? \_\_\_\_\_

### License Required

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\_\_\_\_\_ Traders  
\_\_\_\_\_ Cigarette  
\_\_\_\_\_ Special Retail Cigarette  
\_\_\_\_\_ Vending  
\_\_\_\_\_ Restaurant

\_\_\_\_\_ Chain  
\_\_\_\_\_ Out of State Contractor  
\_\_\_\_\_ Construction  
\_\_\_\_\_ Other

SIGNATURE OF APPLICANT: \_\_\_\_\_

**\*\* Required For Issuance of License**